2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

NAPLES FL 34101

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PO BOC 8990

DOCUMENT # N98000002420

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

HART, STEPHEN P **COLLIER FINANCIAL IN** 4985 EAST TAMIAMI TRAIL

City & State

Zip

1600 WELLESLEY CIRCLE

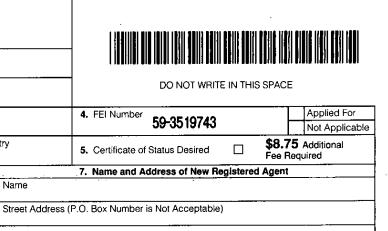
NAPLES FL 34116

CHASE PRESERVE AT LELY RESORT CONDOMINIUM ASSOCI



FILED Jul 03, 2001 8:00 am Secretary of State

07-03-2001 90002 004 ****61.25



Zip Code

NAPLES FL 34113			City		FL Zip Code		9
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent, or both	n, in the state of Florida.		•
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Ri	egistered Agent signat	ure required when reinstating)	DATE	-	
		9. Election Campaign Fi Trust Fund Contribution			Make Check Payable to Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASER, JOHN F 1600 WELLESLEY CIRCLE NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_ZIP	D VALVANO, MARY 1600 WELLESLEY CIRCLE NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASER, JOHN F III 1600 WELLESLEY CIRCLE NAPLES FL 34116	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
12. Lhereby o	certify that the information supplied with t	his filing does not qualify for th	e exemption stat	ed in Section 119.07(3)(i)	Florida Statutes, I further certify	that the in	formation

Country

Name

City

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

F. Glaser 6/26/01